



AmeriHealth Caritas
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August 28, 2015

Mr. Tom Wheeler, Chairman
Federal Communications Commission
445 12th Street, Southwest
Room TW-A325
Washington, DC 20554

**RE: Proposed Rule for Lifeline and Link Up Reform and Modernization,
Telecommunications Carriers Eligible for Universal Services Support, Connect America Fund
(WC Docket Nos. 11-42, 09-197, 10-90; FCC 15-71)**

Chairman Wheeler:

With more than 30 years of experience, AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need. Operating in 16 states and the District of Columbia, AmeriHealth Caritas serves more than 6.9 million Medicaid, Medicare and CHIP members through its integrated managed care products, pharmaceutical benefit management and specialty pharmacy services, behavioral health services and other administrative services.

The AmeriHealth Caritas corporate mission is to help people get care, stay well and build healthy communities, with a special concern for the poor. One of the ways we fulfill that mission is by staying in touch with our members to monitor and encourage their adherence to treatment regimens. This means providing reminders about scheduled doctor's appointments, prescription refills and coordinating other medical needs for members. For many of our members, the Lifeline service is just that: a "lifeline" that often serves as their only form of telecommunication – and one of the few ways we can stay in touch with them. Over 52,000 of our members received a phone through this program, and that number grows each month. In most cases, the Lifeline phone is our only reliable form of communication with these members, allowing us to make sure they continue receiving needed health and preventive care services. Lifeline phones also provide our care management associates with a way to follow-up with members who are not receiving recommended services and medical treatment, identify barriers and help the individuals get back on track. Many of our members do not have a stable place of residence. The Lifeline program allows us to stay in touch with them.

Our comments below on the proposed rule on reforming the Lifeline program are focused on the potential impacts the changes may have on our members who are provided telecommunication services through this program.



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Continuation of Federal Assistance Programs as a determinant of service: We believe that continuing to include Medicaid as a federal assistance program criterion for this program is a necessity. The success we have had with members on the Lifeline program has been instrumental in our ability to continue to provide them with the health care services they need. As one expectant mother noted, while she lived in a shelter and was provided prenatal care, she did not have access to the medications needed to prevent premature birth. Through the Lifeline program, the mobile phone allowed our case manager to collaborate with her pharmacist and physician to arrange for a one-month supply of needed medication to be delivered to her obstetrician's office. A home-based nurse administered the injections weekly at the shelter.

Coordination of Assistant Programs and Services as a determinant of service: We support any efforts to streamline service and reduce an administrative burden under the Lifeline program, including better coordination of assistance programs and services. As many of the members we serve do receive benefits from these others services, such as LIHEAP, SNAP, etc., we believe coordination is helpful to all those involved in administering and receiving benefits from these programs. Having a phone to use as a contact point is often a critical component in the ability to receive these services.

Texting Consideration for Monthly Use: We support sending text messages as demonstration of the usage of the Lifeline service, to prevent de-enrollment. In discussion with our members, we have learned that text messaging is the ideal way of communicating with them. Again, for those who receive phones through the Lifeline program, this is often the only means for us to communicate with them about doctor's appointments, prescription refills, etc. Knowing that text messages would be considered a demonstration of service would provide an additional layer of security to members that they have telecommunication when needed.

I hope that these comments are helpful to you as you and the other Commissioners look to reform the Lifeline program. AmeriHealth Caritas strives to deliver the best care for members; we believe this program's continuation is a benefit to those in Medicaid Managed Care.

Thank you for considering our comments. If I can provide any additional information, or address any concerns or questions you may have, please do not hesitate to contact me at kmichael@amerihealthcaritas.com or 215-937-8546.

Sincerely,

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